	Case 18-223		Filed 08/09/18 Document	Entered 08/09 Page 1 of 55	III	Desc Main	
	Fill in this information to ident			NORT	STATES BANKRUPTC HERN DISTRICT OF IL	Y COURT Linois	
	United States Bankruptcy Court	for the:			AUG 0 9 2018		
	Northern District of Illinois				waa na sala		
	Case number (If known).		Chapter you are filing Chapter 7 Chapter 11 Chapter 12 Chapter 13	JEFFREY	P. ALLSTEADT, INTAKE 3	CLERK Check if this is an amended filing	
	Official Form 101						
	oluntary Peti	tion for	Individual	s Filing fo	r Bankru	otcy 12/17	
th D sa B in (ii	the bankruptcy forms use you a int case—and in joint cases, the answer would be yes if either ebtor 2 to distinguish between ame person must be Debtor 1 in e as complete and accurate as formation. If more space is need known). Answer every question	nese forms use your debtor owns a cathem. In joint case a all of the forms. possible. If two maded, attach a separations.	u to ask for information ar. When information is as, one of the spouses r arried people are filing	from both debtors. Fo needed about the spot nust report information together, both are equi-	r example, if a form a uses separately, the f n as <i>Debtor 1</i> and the ally responsible for s	asks, "Do you own a car," form uses <i>Debtor 1</i> and to other as <i>Debtor 2</i> . The	
		About Debtor 1:		Abor	ut Debtor 2 (Spouse /	Only in a Joint Case):	
1.	Your full name				· ·	•	
	Write the name that is on your government-issued picture identification (for example, your driver's license or	Brittany First name Denise		First r	ame		
	passport). Bring your picture	Middle name Roberts		Middle	e name		
	identification to your meeting with the trustee.	Last name		Lastin	ame		
	with the treatee.	Suffix (Sr., Jr., II, III))	Suffix	(Sr., Jr., II, III)	on wasa.	
2	All other names you	nana					
	have used in the last 8 years	NONE First name		First n	ame		
	Include your married or maiden names.	Middle name		Middle	name		
		Last name			Last name		
		First name		First n	ame		
		Middle name			Middle name		
		Last name		Last na	ime		
	Only the fact of discrete						
S.	Only the last 4 digits of your Social Security	xxx - xx	8 4 9 6	. xxx	- xx		
	number or federal Individual Taxpayer	OR		OR			
	Identification number (ITIN)	9 xx - xx		9 xx	- XX	THE STREET STREET, STR	

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ebtor 1 Brittany D. Rol First Name Middle N		Case number (# known)
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN CALLED COMMENT OF THE PROPERTY OF THE PROP
Where you live	(Re)	If Debtor 2 lives at a different address:
	1516 S. Kosner Kostner Number Street	Number Street
	Garden Apartment	
	Chicago IL 60623	
	Cook State ZIP Code	City State ZIP Code
	County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address
	Number Street	Number Street
	P O Box	P.O Box
	City State ZIP Code	City State ZIP Code
Why you are choosing this district to file for	Check one:	Check one:
pankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

6.

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C	Debtor 1 Brittany D. Rob First Name Middle N		Last Na	tie.	Case number (#	knoen)		
	Park 24 Tell the Court Abo	ut Your						
7	The chapter of the Bankruptcy Code you	Check for Ban	one. (Fo kruptcy	r a brief description of each, see <i>No</i> (Form 2010)). Also, go to the top of p	tice Required by 1 page 1 and check	1 U.S.C. § 342(b) for Individuals Filing the appropriate box.		
	are choosing to file under	☐ Chapter 7						
		Chapter 11						
		☐ Cha	apter 12	}				
		Z Cha	apter 13	}				
8.	How you will pay the fee	Ioca you sub with 20 I ne App U I red By I less pay	al court rself, you mitting a pre- ed to p dication quest than 1. the fee	for more details about how you in the pay with cash, cashier's your payment on your behalf, your payment on your behalf, your payment address. ay the fee in installments. If your for Individuals to Pay The Filing that my fee be waived (You may adge may, but is not required to, 50% of the official poverty line the	may pay. Typica check, or money our attorney may bu choose this op Fee in Installment request this op waive your fee, at applies to youns option, you m	order. If your attorney is pay with a credit card or check oftion, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter 7, and may do so only if your income is ar family size and you are unable to nost fill out the Application to Have the		
9.	Have you filed for bankruptcy within the	Q No						
	last 8 years?	🛭 Yes.	District	northern district of illinit When	11/10/2014 MM / DD / YYYY	Case number 14-40641		
			District	When	*******************************	Case number		
			District	When	MM / DD / YYYY	Case number		
				And the second s	MM / DD / YYYY	VGSC HARIDEI		
10.	Are any bankruptcy	Z No						
	cases pending or being filed by a spouse who is	Tes.	Debtor	The state of the s		Relationship to you		
	not filing this case with you, or by a business partner, or by an affiliate?					Case number, if known		
			Debtor			Relationship to you		
						Case number, if known		
11.	Do you rent your residence?	☐ No. ☑ Yes.		ne 12. ur landlord obtained an eviction judg. Go to line 12	ment against you?			

part of this bankruptcy petition.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as

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Debtor 1 Brittany D. Rob		Last Name	·	Ca	se number (if know	ir)			
Report About Any I	Busines	ses You Own as a S	ole Propr	rietor					
2. Are you a sole proprietor of any full- or part-time	2 No.	Go to Part 4.							
business?	☐ Yes	Yes. Name and location of business							
A sole proprietorship is a business you operate as an									
individual, and is not a separate legal entity such as		Name of business, if any					and an advantage of the second		
a corporation, partnership, or LLC.		Number Street		<u>-</u>			77-17-17-17-17-17-17-17-17-17-17-17-17-1		
If you have more than one sole proprietorship, use a		WARRANCE CO.							
separate sheet and attach it to this petition.									
to the pethon.		City			State	ZIP Code	ATTACHER AND		
		Check the appropriate	box to desc	cribe your busine	SS :				
		Health Care Busine	ss (as defin	ned in 11 U.S.C.	§ 101(27A))				
		☐ Single Asset Real I	Estate (as d	lefined in 11 U.S	.C. § 101(51B))			
		☐ Stockbroker (as de	fined in 11	U.S.C. § 101(53/	A))				
		☐ Commodity Broker	(as defined	l in 11 U.S.C. § 1	01(6))				
		☐ None of the above							
Chapter 11 of the Bankruptcy Code and are you a small business debtor?	most re any of t	If you are filing under Chapter 11, the court must know whether you are a small business debtor can set appropriate deadlines. If you indicate that you are a small business debtor, you must att most recent balance sheet, statement of operations, cash-flow statement, and federal income to any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).							
For a definition of small		I am not filing under Chapter 11. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in							
business debtor, see 11 U.S.C. § 101(51D).	₩ No.	I am filing under Chapte the Bankruptcy Code.	or according to t	he definition in					
	Q Yes.	I am filing under Chapte Bankruptcy Code.	er 11 and La	am a small busin	ess debtor acc	cording to the de	finition in the		
ert4: Report if You Own o	or Have	Any Hazardous Pro	erty or A	iny Property T	hat Needs I	mmediate At	ttention		
			WORKS WILL BE THE PROPERTY OF	**************************************		THE RESIDENCE OF THE PARTY OF T	34/30-14-14-14-14-14-14-14-14-14-14-14-14-14-		
Do you own or have any property that poses or is	₩ No								
alleged to pose a threat of imminent and	☐ Yes.	What is the hazard?	POSTOR A BOOKEN VILLAGE STATE OF THE STATE O			and the state of t			
identifiable hazard to public health or safety?			w.a						
Or do you own any									
property that needs immediate attention?		If immediate attention	is needed, i	why is it needed?)				
For example, do you own									
perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			F-97-97-00-00-00-00-00-00-00-00-00-00-00-00-00						
¥		Where is the property?	•						
		, -,,,-	Number	Street	THE PARTY AND TH				
			***************************************		· · · · · · · · · · · · · · · · · · ·				
			City	***************************************	***************************************	State	ZIP Code		

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Debtor 1

Brittany D. Roberts

Case number (if known)____

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Last Name

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any,

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

Į	am	not	require	d to	receive	a	briefing	about
C	red	it co	unselin	ig b	ecause (of:		

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

I am currently on active military

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

ww.	I am not	required	to receive	a briefing	about
			because o		

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person by phone or

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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D	Brittany D. Rot		Case number ((known)
	Part 6: Answer These Que	estions for Reporting Purpo	oses	
16	s. What kind of debts do you have?	16a. Are your debts prima as "incurred by an individ ☐ No. Go to line 16b. ☐ Yes. Go to line 17.	arily consumer debts? Consumer d	ebts are defined in 11 U.S.C. § 101(8) pusehold purpose."
		16b. Are your debts prima money for a business or	arily business debts? Business deb investment or through the operation of the	ts are debts that you incurred to obtain ne business or investment
		No. Go to line 16c. Yes. Go to line 17.	·	
		16c. State the type of debts yo	ou owe that are not consumer debts or b	pusiness debts.
17	. Are you filing under Chapter 7?	☐ No. 1 am not filing under C	Chapter 7. Go to line 18.	and the second control of the second control
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	No No	oter 7. Do you estimate that after any exe ses are paid that funds will be available t	empt property is excluded and o distribute to unsecured creditors?
18	How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	25,001-50,000 50,001-100,000 More than 100,000
19.	How much do you estimate your assets to be worth?	S0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	☐ \$1,000,001-\$10 million ☐ \$10,000,001-\$50 million ☐ \$50,000,001-\$100 million ☐ \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001 \$500,000 ☐ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001 \$100 million \$100,000,001-\$500 million	☐ \$500,000,001-\$1 billion ☐ \$1.000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
7	11774 Sign Below		W 9700,000,001 0000 manon	a wore man 300 billion
Fo	r you	I have examined this petition, a correct.	nd I declare under penalty of perjury tha	it the information provided is true and
		If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.	napter 7, I am aware that I may proceed I understand the relief available under e	, if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed
		If no attorney represents me an this document, I have obtained	d I did not pay or agree to pay someone and read the notice required by 11 U.S.	who is not an attorney to help me fill out C. § 342(b).
		I request relief in accordance w	ith the chapter of title 11, United States	Code, specified in this petition.
		I understand making a false sta with a bankruptcy case can resu 18 U.S.C. §§ 152, 1341, 1519,	ult in fines up to \$250,000, or imprisonm	g money or property by fraud in connection ent for up to 20 years, or both.
		Signature of Debtor 1	Kobuk *	re of Debtor 2
		Executed on $\frac{2}{2}$	Execute	d on

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Debtor 1 Brittany D. Robe First Name Middle Nam					
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.	I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of available under each chapter for which the pethe notice required by 11 U.S.C. § 342(b) and knowledge after an inquiry that the information	title 11, United States Code, a erson is eligible. I also certify I, in a case in which § 707(b) In in the schedules filed with the	and have explained the relief that I have delivered to the debtor(s) (4)(D) applies, certify that I have no		
	Signature of Attorney for Debtor		MM / DD /YYYY		
	Printed name				
	Firm name		the the characteristic and the control of the characteristic and the control of the characteristic and the charact		
	Number Street				
	City	State	ZIP Code		
	Contact phone	Email addres	s		

Bar number

Email address

State

	Case 2	18-22382	Doc 1	Filed 08/09/18 Document	Entered 08/09/18 10:15:29 Page 8 of 55	Desc Main			
Debtor 1	Brittany	D. Roberts			Case number (# isnown)				
	1 19 DOLE MAZDERY	Middle Name	Lasi Nam	e					
or you if you are filing this ankruptcy without an ttorney you are represented by n attorney, you do not eed to file this page.		an	should und themselve	derstand that many p s successfully. Becau	al, to represent yourself in bankruptcy co eople find it extremely difficult to repr use bankruptcy has long-term financia ourged to hire a qualified attorney.	esent			
ın attorno	ey, you do r	not	To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.						
			court. Even in your sche property or palso deny your case, such a cases are ra	if you plan to pay a parti dules. If you do not list a properly claim it as exem ou a discharge of all you as destroying or hiding p ndomly audited to deter	ebts in the schedules that you are required cular debt outside of your bankruptcy, you is debt, the debt may not be discharged. If you, you may not be able to keep the proper debts if you do something dishonest in you roperty, falsifying records, or lying. Individuantine if debtors have been accurate, truthfune; you could be fined and imprisoned.	must list that debt ou do not list ty. The judge can ur bankruptcy al bankruptcy			
			hired an atto successful, y Bankruptcy I	rney. The court will not t ou must be familiar with	ey, the court expects you to follow the rules reat you differently because you are filing for the United States Bankruptcy Code, the For rules of the court in which your case is filed laws that apply.	or yourself. To be ederal Rules of			
			Are you awa consequence		cy is a serious action with long-term financ	ial and legal			
			☐ No ☑ Yes						
			Are you awa inaccurate or No Yes	re that bankruptcy fraud r incomplete, you could t	is a serious crime and that if your bankrupt be fined or imprisoned?	cy forms are			
			☑ No ☑ Yes. Nam	e of Person	who is not an attorney to help you fill out you see who is not an attorney to help you fill out you see who is not an attorney to help you fill out you see who is not an attorney to help you fill out you have a see who is not an attorney to help you fill out you have a see who is not an attorney to help you fill out you have a see who is not an attorney to help you fill out you fill out you have a see who is not an attorney to help you fill out you fill out you have a see when you				
		!	have read an	d understood this notice	understand the risks involved in filing witho , and I am aware that filing a bankruptcy ca hts or property if I do not properly handle th	ise without an			

Contact phone

Email address

Cell phone

Signature of Debtor 2

MM / DD / YYYY

Oate

Contact phone

Email address

Cell phone

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Fill in this in	formation to ic	dentify your case:					
Debtor 1	Brittany	D.	Roberts				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: Northern District of Illinois							
Case number	(If known)		av-				
Case number	(If known)		···				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended your original forms, you must fill out a new Summary and check the box at the top of this page.	supplying correct d schedules after you file
Part 1: Summarize Your Assets	
Schedule A/B: Property (Official Form 106A/B)	Your assets Value of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	\$
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,050.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ 1,050.00
Part 2: Summarize Your Liabilities	OVERNIEUR BERNING I EES SIED SIED SEAR MAANGEEN BENJAME OF HEE EN OND SEED SE OND SEED SE OND SEED SE OND SEED
	Your liabilities Amount you owe
 Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 	\$ 19,079.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ 862.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ s 21,578.00
Your total liabilities	\$ 41,519.00
Part 3: Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$3,311.00
Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$2,790.00

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De	ebtor 1	Brittany First Name	Middle Name	D.	Lass Name	Roberts	Case number (# known)	
P	ant 4:	Answer The	se Ques	tions f		trative and St	atistical Records	
6.		filing for ban						COMMITTED OF THE COMMITTED OF T
	U No.	You have noth	ing to repo	ort on this	s part of the f	orm, Check this	box and submit this form to the court with your o	ther schedules.
7.	What kir	nd of debt do	you have	?				
	You famil	r debts are pri ly, or househol	imarily co d purpose.	nsumer I 11 U.S	debts. Cons i.C. § 101(8).	umer debts are t Fill out lines 8-9	ihose "incurred by an individual primarily for a ρε g for statistical purposes. 28 U.S.C. § 159.	ersonal,
	U Your	r debts are no form to the cou	t primarity irt with you	y consul r other s	mer debts. Y chedules.	ou have nothing	to report on this part of the form. Check this box	cand submit
8.	From the Form 12	e <i>Statement o</i> 2A-1 Line 11; (of Your Cu OR, Form	i rrent M o 122B Lin	onthly Incom se 11; OR, Fo	ne: Copy your tot orm 122C-1 Line	al current monthly income from Official 14.	\$3,918.00
9.	Copy the	following sp	ecial cate	gories o	f claims fror	n Part 4, line 6 d	of Schedule E/F:	
							Total claim	
	From P	art 4 on Sche	dule E/F,	copy the	e following:			

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	s862.00
9c. Claims for death or personal injury white you were intoxicated. (Copy line 6c.)	s0.00
9d. Student loans. (Copy line 6f.)	s13,250.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0,00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	÷ s 0.00
9g. Total. Add lines 9a through 9f.	s14,112.00

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Fill in this information to identify your case and th	is filing:	
Debtor 1 Brittney D. Roberts		
First Name Middle Name	Last Name	
Debtor 2 (Spouse, # filing) First Name Middle Name	Last Name	
United States Bankruptcy Court for the: Northern District of	f Illinois	
Case number		
		☐ Check if this is an
		amended filing
Official Form 106A/B		
Schedule A/B: Propert		
In each category, separately list and describe item		12/15
category where you think it fits best. Be as compl responsible for supplying correct information. If m write your name and case number (if known). Answers Describe Each Residence, Building.	lore space is needed, attach a separate sheet to the	nis form. On the top of any additional pages,
f. Do you own or have any legal or equitable intere	est in any residence, building, land, or similar prop	perty?
☑ No. Go to Part 2.	, , , , , , , , , , , , , , , , , , , ,	
Yes. Where is the property?		
	What is the property? Check all that apply. Single-family home	Do not deduct secured claims or exemptions. Put
1.1 Street address, if available, or other description	Duplex or multi-unit building	the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property
Sheet address, it available, or other description	Condominium or cooperative	Current value of the Current value of the
	Manufactured or mobile home	entire property? portion you own?
	Land Investment property	\$ <u> </u>
City State ZIP Code	Timeshare	Describe the nature of your ownership
City State ZIP Code	☐ Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	the character, of a me estate, a known.
	Debtor 1 only	
County	Debtor 2 only	☐ Check if this is community property
	Debtor 1 and Debtor 2 onlyAt least one of the debtors and another	(see instructions)
	Other information you wish to add about this it	em, such as local
Maria and an income of the state of	property identification number:	MACRONIA AND AND AND AND AND AND AND AND AND AN
If you own or have more than one, list here:	What is the property? Check all that apply.	
	☐ Single-family home	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
1.2. Street address, if available, or other description	Duplex or multi-unit building	Creditors Who Have Claims Secured by Property.
The state of the s	Condominium or cooperative	Current value of the Current value of the
	Manufactured or mobile home Land	entire property? portion you own?
	Investment property	\$O
City State ZIP Code	☐ Timeshare	Describe the nature of your ownership
, Siene zir Code	Other	interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
	Who has an interest in the property? Check one.	
	Oebtor 1 only	
County	Debtor 2 only Debtor 1 and Debtor 2 only	
	At least one of the debtors and another	☐ Check if this is community property (see instructions)
	Other information you wish to add about this iter	•
	property identification number:	, 5501 45 10001

Brittney D. Roberts Debtor 1 Case number (if known) First Name Middle Name Last Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3 Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home 0 0 ☐ Land Investment property City ZIP Code ☐ Timeshare Describe the nature of your ownership State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: ___ 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. 211124 Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No V Yes Buick Who has an interest in the property? Check one. Make Do not deduct secured claims or exemptions. Put Encore the amount of any secured claims on Schedule D Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only 2015 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 13640 00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 32. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 0 0 Check if this is community property (see instructions)

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3 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages

you have attached for Part 2. Write that number here

s 13640.00

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Debtor 1

Brittney D. Roberts First Name

Middle Name

Last Name

Case number (if known)__

M.				
		έw.	E	75
ωő	DA.	12	樫	н

Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. Household goods and furnishings	
Examples: Major appliances, fumiture, línens, china, kitchenware	
☐ No ☑ Yes. Describe Household Good and furnishings	\$500.00
7. Electronics	
Examples: Televisions and radios, audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
☐ No ☐ Yes. Describe Electronics	\$ 250.00
8. Collectibles of value	
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	
☑ Yes. Describe	0
was 103. Description	s0
9 Equipment for sports and hobbies	
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments	
No Yes. Describe	
was 103, D030/sD0	s0
10. Firearms	
Examples: Pistols, rifles, shotguns, ammunition, and related equipment	
₩ No	e 0
	\$
11. Clothes	
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
Yes Describe Clothes	\$300.00
12. Jeweiry	
Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver	
☑ No ☐ Yes. Describe	\$0
13 Non-farm animals	
Examples: Dogs, cats, birds, horses	
□ No	
Yes Describe	s0
14 Any other personal and household items you did not already list, including any health aids you did not list	
☑ No □ Yes, Give specific	
information,	s0
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached	4050.00
for Part 3. Write that number here	s1050.00

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Debtor 1

Brittney	D.	Roberts
First Name		Middle Name

Last Name

Case number (if known)____

Do you own or have any	legal or equitable interest in	any of the following?		Current value portion you of Do not deduct s or exemptions.	own?
	have in your wallet, in your hor	ne, in a safe deposit box, and on hand when you file	your petition		
Ø No ☐ Yes		c	eash:	\$	0
7. Deposits of money Examples: Checking, s and other s	savings, or other financial accountings, or other financial accounting and accounting accounting the save of the s	unts; certificates of deposit; shares in credit unions, to tall the same institution, list each.	orokerage houses.		
☑ Yes		Institution name:			
	17.1 Checking account:	Navy Federal		\$	0
	17.2. Checking account:			\$	0
	17.3 Savings account:		the contract of the second of	\$	0
	17.4. Savings account:			\$	0
	17.5 Certificates of deposit:			\$	0
	17.6. Other financial account:		The second secon	\$	0
	17.7 Other financial account:			\$	0
	17.8. Other financial account:	VALUE AND		\$	^
	17.9. Other financial account:	Afficiently all the second of		\$	^
	Institution or issuer name:	erage firms, money market accounts		\$	0
				\$	0
				\$	0
Non-publicly traded stan LLC, partnership, a		rated and unincorporated businesses, including	an interest in		
2) No	Name of entity.	%	of ownership:		
Yes. Give specific information about			% %	\$	0
HIIOHHAUOH AUOUL		n	0/2		^

0%

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Debtor	1	

Debtor 1 DITUNEY L	J. KODERS Middle Name	Case number (if known)		
rasi nume	sticole Name	Last Name		
20. Government and corp	orate bonds and ot	her negotiable and non-negotiable instruments		
Negotiable instruments	include personal che	ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them.		
2 0 No				
Yes. Give specific information about	Issuer name:			^
them	All the public of the public o		\$	0
	The state of the s		\$	0
			\$	0
21 Retirement or pension				
Examples: Interests in I	RA, ERISA, Keogh,	401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
Va No Ves. List each				
account separately.	Type of account	Institution name:		
	401(k) or similar plan		\$	0
	Pension plan:		\$	0
	IRA:		¢	0
	Retirement account:		\$	0
	Keogh:		¢	0
	Additional account:		φ	0
			ð	Δ
	Additional account:		5	0
22. Security deposits and Your share of all unused		nade so that you may continue service or use from a company		
Examples: Agreements companies, or others	with landlords, prepa	id rent, public utilities (electric, gas, water), telecommunications		
O No				
Q Yes	In	stitution name or individual.		
	Electric:		\$	0
	Gas:		\$	0
	Heating oil:		\$	0
	Security deposit on re	ntal unit:	\$	0
	Prepaid rent:		\$	0
	Telephone		\$	0
	Water:		\$	0
	Rented furniture:		\$	0
	Other:		\$	0
	r a periodic payment	of money to you, either for life or for a number of years)		
2 No				
☐ Yes	Issuer name and des	cription:		_
			\$	0
			\$	0

0

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1 No

30. Other amounts someone owes you

Yes. Give specific information

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation,

Social Security benefits; unpaid loans you made to someone else

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Q Yes. Describe.....

MO No

39 Office equipment, furnishings, and supplies

Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

0

0

Brittney D. Roberts Debtor 1 Case number (d known)____ Last Name 40 Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe..... 0 41 Inventory M No Yes. Describe..... 0 42 Interests in partnerships or joint ventures M No Yes. Describe..... Name of entity: % of ownership 0 43. Customer lists, mailing lists, or other compilations W No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No Yes Describe 0 44. Any business-related property you did not already list M No Yes. Give specific 0 information 0 0 0 0 0 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? ☑ No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish No No ☐ Yes 0

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63 Total of all property on Schedule A/B. Add line 55 + line 62.....

1050.00

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Fill in this	inform	ation to identify your case	3				
Debtor 1		any D. Roberts					
Debtor 2	First t	tome Middle No	ime Last Name				
(Spouse, if fili	ing) First I	iame Middle Na	inia Last Namir		-		
United State	es Bankr	uptcy Court for the: Northern D	istrict of Illinois	V			
Case numb (If known)	er						if this is an ed filing
~ · · · · ·							
		m 106C					
Sche	dul	e C: The Pro	operty You	ı Claim	as Exemp		04/16
Using the prospect is need	operty y ded, fill	accurate as possible. If two ou listed on Schedule A/B: out and attach to this page number (if known).	Property (Official Form 10	6A/B) as your so	ource, list the property that	you claim as exempt. If mo	ore
of any appli retirement fi limits the ex	lar amo cable s unds— cemption nited to	operty you claim as exem- ount as exempt. Alternative tatutory limit. Some exem- may be unlimited in dollar in to a particular dollar am the applicable statutory a	ely, you may claim the fu ptions—such as those fo amount. However, if yo ount and the value of th amount.	ull fair market v or health aids, i u claim an exer	alue of the property bein rights to receive certain nption of 100% of fair ma	g exempted up to the ame benefits, and tax-exempt arket value under a law th	ount at
☐ You	are cla	iming state and federal nont iming federal exemptions. 1 ty you list on Schedule A/	1 U.S.C. § 522(b)(2)				
		on of the property and line that lists this property	on Current value of the portion you own	Amount of ti	ne exemption you claim	Specific laws that allow o	exemption
			Copy the value from Schedule A/B	Check only o	ne box for each exemption.		
Brief descript	tion:	2015 Buick Encore	<u>\$13,640.00</u>	2 \$ 2,400	0.00	735 ILCS 5/12-1001	(c)
Line fro Schedu		3.1			fair market value, up to icable statutory limit	-	
Brief descript	tion:	Household Furniture	\$ <u>500.00</u>	s <u>500.0</u>	10	735 ILCS 5/12-1001	(b)
Line from	m	6			fair market value, up to icable statutory limit		
Brief descript	ion:	Electronics	\$ <u>250.00</u>	□ s 250.0	Opposite the state of the state	735 ILCS 5/12-1001((b)
Line froi Schedui		7			fair market value, up to cable statutory limit		
		ng a homestead exemption					
(Subject	io agju	stment on 4/01/19 and every	o years after that for cas	ses med on or aft	er the date of adjustment.)		
Q Yes.		acquire the property cover	ed by the exemption within	n 1,215 days bel	fore you filed this case?		
rivo-	No Yes						

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Debtor 1

Brittany D. Roberts First Name

Middle Name

Last Name

Case number (ir Imown)_

Part 2:

Additional Page

	ion of the property and line 4/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	Clothes	\$ 300.00	300.00	735 ILCS 5/12-1001(a)
Line from Schedule A/B:	11		100% of fair market value, up to any applicable statutory limit	
Brief description:	Deposti of Money	\$	0.00 D 1000 - (Files and Alexander)	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	17		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:	- The state of the		100% of fair market value, up to any applicable statutory limit	And
Brief description:		\$	1 \$	
Line from Schedule A/B:	PHA-managements.		100% of fair market value, up to any applicable statutory limit	
Brief description;		\$	Q \$	
Line from Schedule A/B:	NAMES OF STREET ASSESSMENT ASSESS		100% of fair market value, up to any applicable statutory fimit	
Brief description:			Q \$	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	S 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	Parameters of the second and the sec
Brief description:		\$		
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	de des mar registrativo de la compansa de la compa
Brief description:		\$	G s	
Line from Schedule A/B:			100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:	THE BOOK LIST OF STATE AND		100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	Q \$	
Line from Schedule A/B:	NAME AND ADDRESS OF THE PARTY O		100% of fair market value, up to any applicable statutory limit	

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Debtor 2	e Name Last Name			if this is an
Official Form 106D				
	's Who Have Claims Secur	od bar Dec	a mariba a	
Be as complete and accurate as possible	. If two married people are filing together, both are e			12/15 ct fany
Do any creditors have claims secured I	by your property? In to the court with your other schedules. You have noth	ing else to report on t	his form.	
List all secured claims. If a creditor has not for each claim. If more than one creditor has much as possible, list the claims in alpha.	nore than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2, nabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column 8 Value of collateral that supports this claim	Column C Unsecured portion If any
Capital One Auto Finance	Describe the property that secures the claim:	s16850.00	s13640.00	s0
P O Box 259407	2015 Buick Encore			
Plano TX 75025 City State ZiP Code Who owes the debt? Check one	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed			
Debtor 1 only	Nature of lien. Check all that apply			
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Check if this claim relates to a community debt	ever (moderny a right to offset)			
Date debt was incurred 03/02/2015	Last 4 digits of account number 7 6 1 7			
Blitt and Gaines, PC	Describe the property that secures the claim:	\$ 2229.00	s2229.00 s	. 0
661 W. Glenn Avenue	Wage Deduction Order for Capital One Bank For Employor			
	As of the date you file, the claim is: Check all that apply.			
Wheeling IL 60090 City State ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or secured			
Debtor 1 and Debtor 2 only	car foan) Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 05/24/2018	Last 4 digits of account number 3 6 7 5			
Aud the donar value of your entries in Co	olumn A on this page. Write that number here:	19079.00		

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Debtor 1

Brittany	D.	Roberts
Martin		**

First Name

Case number (if known)_

Additional Page Part 1: After listing any entries on this by 2.4, and so forth.	page, number them beginning with 2.3, followed	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Creditor's Name	Describe the property that secures the claim:	\$	\$	\$
Number Street	~~			
City State ZIP Code	 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed 			
Who owes the debt? Check one.	Nature of lien: Check all that apply			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	~		
Date debt was incurred	Last 4 digits of account number			
Creditor's Name	Describe the property that secures the claim:	\$	\$.
Number Street Oity State ZIP Code Who owes the debt? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Check if this claim relates to a community debt				
Date debt was incurred	Last 4 digits of account number			
Craditor's Name Number Street	Describe the property that secures the claim:	\$	\$\$	
City State ZIP Code	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a	An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)			
Community debt Date debt was incurred	Last 4 digits of account number			
And the second s		_		
	and the dollar value totals from all pages.	s 0 s 19079.00		

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Debtor 1

Brittany D. Roberts

it Name	Middle Name	Last Name

not Mann

Case number (d.snown)_____

	1 gar ivabite	watte name	Last Name	
Part 2F	List Other	s to Be Notified	for a Debt That You Already Listed	

у	ou have mo	ore than one creditor	OR IOLG BEDLADE OME I	o someone eise, list at vou listed in Part 1	or a debt that you already listed in Part 1. For example, if a collection the creditor in Part 1, and then list the collection agency here. Similarly, if , list the additional creditors here. If you do not have additional persons to
					On which line in Part 1 did you enter the creditor?
	Name			T P. NOTO, THE POPULATION AND AND AND AND AND AND AND AND AND AN	Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	
					On which line in Part 1 did you enter the creditor?
	Name	المنظمة السنانية والا والمنظمة المنظمة		**************************************	Last 4 digits of account number
	Number	Street		**************************************	
	City		State	ZIP Code	
]		Stelly	Zir Code	On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	
	Name	III ka Piilka Piilik Annink kun miganga mjagan 131 ka Piilika Piilika Piilika Annink kun miganga mjagan 131 ka Piilika		The state of the s	On which line in Part 1 did you enter the creditor? Last 4 digits of account number 7 6 1 7
	Number	Street		artin plant and continue come up any property of the service specimens become being specimens of the service of	
	City		State	ZIP Code	-
					On which line in Part 1 did you enter the creditor?
	Name				Last 4 digits of account number
	Number	Street			-
	City		State	ZIP Code	- -
					On which line in Part 1 did you enter the creditor?
	Name	THE CONTRACT OF THE SAME AND TH			Last 4 digits of account number
	Number	Street			
	City		State	ZIP Code	

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F	ill in this	information to identify	your case						
0	debtor 1	Brittany	D	Roberts					
	Jebter 2	East Marrie	Mode Name	Lastraine	· · · · · · · · · · · · · · · · · · ·				
	abouse d'Alm Spouse d'Alm	33 F 1/13 \$1/22000	St delta täyring	Last Name	man or a management of the contract of the con				
ι.	Inited States	Bankruptcy Country the	Northern District o	of Ulinois	*				
	lase numbe	ſ			Bournell	make Average		Chec	k if this is an
1 (If kindwn)							amei	nded filing
\circ	fficial	Form 106E/F							
		ule E/F: Cre	ditors W	/ho Have	Unsec	ured Clair	75		12/15
10000000		ete and accurate as po							OMNO ACCUSORS AND ACCUSOR AND ACCUSORS AND ACCUSOR AND ACCUSORS AND ACCUSORS AND ACCUSORS AND ACCUSORS AND ACCUSOR AND ACCUSOR AND ACCUSOR AND ACCUSOR AND ACCUSOR AND ACCUSOR
Lis A/E cre nec any	I the other it Propert ditors witeded, cop y addition	r party to any executor y (Official Form 106A/E h partially secured clain y the Part you need, fil al pages, write your na list All of Your PRIO!	ry contracts or u- 3) and on Schedi ims that are liste I it out, number t ime and case nui	nexpired leases the He G: Executory C d in Schedule D: C he entries in the bander (if known).	at could resu ontracts and Treditors Whi	ilt in a claim. Also I Unexpired Leases Have Claims Secu	ist executory co (Official Form 10 red by Property	ntracts on So (6G). Do not (chedule include any
		and the second of the second s				ann a gh-an i an th' a chaillean a chai	CERTIFIC THE STREET, S	VI-184-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	**************************************
1.		reditors have priority u o to Part 2.	insecured claims	against you?					
	⊒ No. G Yes.	o io Pari Z.					*		
	List all of each clair nonpriorit unsecurer	f your priority unsecum n listed, identify what typ y amounts. As much as j I claims, fill out the Cont oplanation of each type c	e of claim it is, If a possible, list the c inuation Page of F	a claim has both pric laims in alphabetica ⊇art 1. If more than i	ority and nonp I order accord one creditor h	riority amounts, list ti ling to the creditor's r olds a particular clair	hat claim here and name lift you have	d show both p	morify and
	(1 127 (21) 127	obsissor consists of the court of children of	· wearri, see the n	rate diction in the ic	am ar mer mer	octon booker,	Total claim	Priority	Nonpriority
								amount	amount
<i>2</i>]		Department of Rev	/enue	Last 4 digits of ac	count numbe	8 4 9 6	s <u> 861.7</u> 7	\$ 861.77	's0.00
		эх 19006		When was the det	at incurred?	12/31/2017			
	Ferrings:	Stroes							
	Sprina	field IL	62794		i file, the clain	r is: Check all that appi	γ		
	Sey	Shale	ZiP Code	Contingent					
	Who inc	urred the debt? Check on	YG	Unhquidated Disputed					
	☑ Detato	*		and Chickhitzen					
	U Debic	r 2 only r 1 and Debtor 2 only		Type of PRIORIT		claim:			
		st one of the debtors and ar	nather	Domestic suppo	rt obligations				
		k if this claim is tor a co		■ Maxes and certa U Claims for oeain		ou owe the government			
	is the cla	im subject to offset?		intoxicated	от регонизия,	ay wine you were			
	Ø No			J Other Specify _					
	☐ Yes								
2.2	N/A	error of the second of the sec		Last 4 digits of ac	count number		s 0.00	s 0.00	0.00
	smonth site	our a Nare		When was the deb			To statement with a second of	**	· Safe
	Hilmber	Street	New control comment grayace						
		er også er er skale er skale er er skale skale er			file, the clain	rts: Check at that appl	у		
	Oay	State	ZP Core	Q Contingent Q Uniquidated					
		urrad the debt? Check on		O Disputed					
	T Debto		zt						
	■ Detrio	r 2 only		Type of PRIORIT		claim:			
		r 1 and Debtor 2 only		O Domestic suppor		all awe the government			
		stione of the debtors and ar		Claims for death					
	U Chec	k if this claim is for a co	mmunity debt	intoxicated	•				
	is the cla D No D Yes	im subject to offset?		Other Specify	er (100 100 100	And the second of the second			

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Debtor 1

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PERMIT Your PRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Who incurred the debt? Check one Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Other, Specify Is the claim subject to offset? Q No Yes Last 4 digits of account number When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent City State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury white you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? O No Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated State ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No ☐ Yes

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Deb	tor 1	Brittany [) (atriana	Roberts	Case number a	and the state of the second se	eren ha hager salah dalah dalah dan hasa salah sajar asala a salah salah salah sajar, kang
Pa	11.24	List All of Your NONPRIC	ORITY Uns	ecured Claims			
		creditors have nonpriority u				الله الله الله الله الله الله الله الله	***************************************
	No. '	You have nothing to report in t	this part. Sub	mit this form to the	court with your other schedules		
1	ncluded	ny ansecuted cizim, list the Cr	editor separa editor holds a	itely for each claim	order of the creditor who holds e . For each claim listed, identify who st the other creditors in Part 3.If yo	at home of claim it is the en-	Filipak salagrama a daga sala
							Total claim
1		al One Bank ry Creditor's Name		**************************************	Last 4 digits of account number	3 4 4 7	c 1.904.00
		Capital One Way			When was the debt incurred?	05/14/2015	5
	Richm		VA	23060			
	City	Action and the second s	State	ZIP Code	As of the date you file, the claim	is: Check all that apply.	
	2 Deb	curred the debt? Check one. for 1 only for 2 only			Contingent Untiquidated Disputed		
		tor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	wed claim:	
	☐ Che	ast one of the debtors and anothe			U Student leans v U Obligations arising out of a separative you did not report as priority	plaims	
	⊠ No ☐ Yes	laim subject to offset?			Debts to pension or profit-sharing Other Specify Credit Card	plans, and other smalar debis	
2	NonDroct 701 E	Stud Loan Trust y Oudlin's Name 60th St		·	Last 4 digits of account number When was the debt incurred?	7 8 8 4 11/19/2003	\$ 13,250.00
	Sioux	Falls	SD	57104	As of the date you file, the claim is	ls: Check all that apply.	
	il ty	y	V. 131	78º Coue	🗓 Contingent		
	Who inc	curred the debt? Check one or fanty			Unliquidated Disputed		
		or 2 only or 1 and Destor 2 only			Type of NONPRIORITY unsecur	red claim:	
		ast one of the deblors and apother	ı		✓ Student loans		
	Che	ck if this claim is for a commu	inity debt		Obligations arising out of a separational you did not report as prienty remains an experience of the prients	olaims .	
	is the cl	aim subject to offset?			Debts to pension or profit-sharing Other, Specify	plans, and other similar debts	
	Q yes				Colorado Opportor	**************************************	
¥]		nity Bank/NWYRK&CO	······································		Last 4 digits of account number	2597	548.00
	POB	ox 182789			When was the debt incurred?	07/11/2015	The state of the summarises of the state of
	Gotum	Street IDUS	ОН	43218			
	Orty		State	ZIP Code	As of the date you file, the claim i	s: Check all that apply	
	Who inc M Debta O Debta				U Controgent Unhiquidated Unhiquidated Unhiquidated		
	Q Debte	or 1 and Debtor 2 only ast one of the dabtors and another			Type of NONPRIORITY unsecur	ed claim:	
		is the or ne vehiors and another			Student loans Obligations arising out of a separa	d on agreement or divorce	
	is the cla આ No ઓ Yes	aim subject to offset?			that you did not report as priority of Debts to pension or profit-sharing of Other Specify Credit Card	plans, and other similar debis	

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Debtor 1 Brittany	D Madde Norse Lass Nor	Roberts	Case number (reviews)	ENSON 1 E 15 Professional and an accomplished and specific
	RIORITY Unsecured C		tion Page	
After listing any entries	on this page, number the	m beginning with 4	.4, followed by 4.5, and so forth.	Total claim
4.4 Comenity Bank/		CONTRACTOR OF THE STATE OF THE	Last 4 digits of account number 5 5 9 5	s 561.00
P O Box 182789			When was the debt incurred? 04/11/2015	
Number Street Columbus City	OH Staw	43218 ZSP Codu	As of the date you file, the claim is: Check all that apply Contingent Unknowndated	
Who incurred the det	nt? Check one.		Onliquidated Disputed	
	eblors and another is for a community debt		Type of NONPRIORITY unsecured claim: Student loans: Obligations arising out of a separation agreement or divorce that you did not report as priority claims: Debts to pension or profit-sharing plans, and other similar debts.	
is the claim subject to M No D Yes	o offser?		M Other Specify Credit Card	
4.5				
Comenity Capital	/HSN		Last 4 digits of account number 8 5 7 4	s <u>391.00</u>
P O Box 182120 Number Street			When was the debt incurred? $05/04/2015$	
Columbus	OH State	43218 210 Coco	As of the date you file, the claim is: Check all that apply Contingent	
Who incurred the deb ###################################	t? Check one.		Unliquidated Unsputed Type of NONPRIORITY unsecured claim	
☐ Onbtor 1 and Debtor ☐ At least one of the do			Startent loans Obligations ansing out of a separation agreement or divorce that you did not report as priority clauss.	
Is the claim subject to			Debts to pension or profit-sharing plans, and other similar debts Other Specify Credit Card	
☐ Yes 4.6 Credit One Bank	en e		Last 4 digits of account number 9 7 3 4	s 675.00
Nationary Creditor's Nume P O Box 98872		***ANNOUNANAN WEEN TO SECURE AND	When was the debt incurred? 11/03/2015	
Number Street		The same of the same same same of the same	As of the date you file, the claim is: Check all that apply	
Las Vegas	NV State	89193 ZIP Code	☐ Contingent	
Who incurred the deb	t? Check one.		Unliquidated Disputed	
Debtor 2 only Debtor 1 and Debtor At least one of the de			Type of NONPRIORITY unsecured claim. I Student loans	
	is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to mansion or profit-sharing plans, and other similar debts Other Specify Credit Card	
☑ Na □ Yes			The second opposing we should obtain the second of the sec	

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Det	tor 1 Britiany	O Nato asset	Roberts	Case rumber cresser	
P f	70ur NONPRIOR			sation Page	
Aft	er listing any entries on thi	s page, number the	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
4.7	Peoples Energy			Last 4 digits of account number 6 1 7 3	1782.67 s \$48.00
	Neepelonly Creditor's Name 200 East Randolph	THE CONTRACT OF SHEET AND SHEET AS A SHEET ASSESSMENT OF THE SHEET ASSESSMENT	anner in a company or engage of a system in \$45, 4	When was the debt incurred? 08/20/2011	The statement of the st
	Number Street Chicago	IL.	60601	 As of the date you file, the claim is: Check all that apply 	
	Who incurred the debt? Ch	State	ZIP Coda	Contingent Unliquidated Unspected	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is fo	and another r a community debt		Type of NONPRIORITY unsecured claim: Student loans Obligations ansing out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other smalar debts other Specify Utility	
	W No D Yes			\$	
4.8	TD Bank USA/Target	Credi	ages year 1 cm one observage, of necessary 1 person of terminance 1 graphs.	Last 4 digits of account number 0 2 0 3	s 802.00
	P O Box 1470			When was the debt incurred? 09/05/2015	
	Minneapolis	MN	55440 219 Code	As of the date you file, the claim is: Check all that apply Consequent	
	Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this claim is for is the claim subject to offse No Debtor 1 only	and another r a community debt		Uniquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Opligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-straring plans, and other similar depts Char Specify Credit Card	
4.9	Midland Funding LLC	······································		Last 4 digits of account number 7 4 6 4	s 675.00
	2365 Northside Drive	· · · · · · · · · · · · · · · · · · ·		When was the debt incurred? 12/21/2016	
	San Diego	CA State	92108 71P Code	As of the date you file, the claim is: Oheck all that apply. Contingent	
	Who incurred the debt? Che Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors. Check if this claim is for	and another		Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority daims	
	is the claim subject to offse Monos Yes	•		Debts to pension or profit-sharing plans, and other similar debts Other Specify Credit One Bank	

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Deb	ror t Brittany D	Cast Mo	Roberts	Case number all orders	
Fa	1822 Your NONPRIORITY Uns	acured (Claims - Continu	ation Page	
Aft	er fisting any entries on this page, n	umber th	em beginning with	4.4, followed by 4.5, and so forth.	Total claim
5.1	The CBE Group Inc	gerran Arabika Ares (1		Last 4 digits of account number 2 7 0 2	s 786.00
	131 Tower Park Drive		· reserve · · · · · · · · · · · · · · · · · · ·	When was the debt incurred? 05/24/2018	
	Waterloo	IA	50704	As of the date you file, the claim is: Check all that apply	
	Cdy	Slate	Zif* Code	Cantingen:	
	Who incurred the debt? Check one.			☐ Unliquidated	
	Debtor 1 only			Ospidec	
	🔾 Debtor 2 anly			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
	At least one of the debtors and another	f		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	unity debt		you did not report as priority claims	
	is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other, Specify Comcast	
	₩ No			\$	
	☐ Yes			ÿ	

5.2	Midland Funding LLC			Last 4 digits of account number 7 9 0 1	s 391.00
	Nanomore Creditor's Name 2365 Northside Drive			When was the debt incurred? 12/29/2017	
	Norther Street		CONTRACTOR OF THE STATE OF THE	As of the date you file, the claim is: Check all that apply	
	San Diego	CA	92108	270	
	-**Y	State	Z## Code	Contingent Uniquidated	
	Who incurred the debt? Check one			Disputed	
	📶 Debtor Lonly			was productive equal	
	Q Debter 2 only			Type of NONPRIORITY unsecured claim	
	Opplor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commu	nity debt		you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts other Specify Comenity Capital Bank	
	€ No			A second	
	☐ Yes				
5.3	(x,y) = (x,y) + (y,y) = (y,y) + (y,y) + (y,y) + (y,y) = (y,y) + (y,y) + (y,y) = (y,y) + (y,y) + (y,y) + (y,y) = (y,y) + (y,y				
	Midland Funding LLC			Last 4 digits of account number 7 8 9 7	ş <u>562.00</u>
	2365 Northside Drive			When was the debt incurred? 12/29/2017	
	San Diego	CA	92108	As of the date you file, the claim is: Check all that apply	
	Cely Cely	Sisto	ZIF Code	☐ Contingent	
				☐ Un⊮oundated	
	Who incurred the debt? Check one			☐ Disputed	
	Md Deptor t only				
	O Debtor 2 anly Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim.	
	At least one of the debtors and another			Student loans	
	Check if this claim is for a commu	and the analysis of the trans		 Obligations arising out of a separation agreement or divorce that you did not report as provity claims 	
		only debt		Debts to pension or profit-sharing plans, and other similar debts	
	is the claim subject to offset?			d Other Specify Comenity Bank	
	Ø No □ Ves				
	1.00				

Debtor 1

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

ter listing any entries on this	page, number them I	peginning with	4.4, followed by 4.5, and so forth.	Total claim
AT&T			Last 4 digits of account number 7 1 1 1	\$60.00
Nonpriority Creditor's Name P O Box 5014			When was the debt incurred? 08/01/2018	
Number Street	W - W - W - W - W - W - W - W - W - W -		As of the date you file, the claim is: Check all that apply.	
Carol Stream	<u>IL</u>	60197	NOT: ALANA	
City	*****	ZIP Code	☐ Contingent☐ Unliquidated	
Who incurred the debt? Chec	ck one.		☐ Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only				
At least one of the debtors a	nd another		 Student loans Obligations arising out of a separation agreement or divorce that 	
			you did not report as priority claims	
Check if this claim is for is the claim subject to offset			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cellular	
M No	Li		Cities. Specify	
O Yes				
Northwers Medicine	ung and aft militarly art - Samphan to arm at that Stronger art on Citizen America - American court of America	(Para Amatanan galantzia: - Ami indiniziaka gunusuma Amizzimasyan afa es-	Last 4 digits of account number 2 0 4 0	s25.00
Nonpriority Creditor's Name			Milham was the debt insurred 3 08/01/2018	
P O Box 4090			When was the debt incurred? 00/01/2016	
Number Street		20107	As of the date you file, the claim is: Check all that apply.	
Carol Stream	IL State	60197 ZIP Code	TOTAL CONTRACTOR OF THE CONTRA	
City	State	ZIP COOR	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Che	ck one.		Disputed	
☑ Debtor 1 only				
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors a	and another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for	a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
is the claim subject to offse	t? '		☑ Other, Specify Medical	
☑ No			•	
Yes	€.			yn skallysse de klamet glankfeldag geldemikalde yn blakks wielaeth
Chase Bank	and extraction tradition to the second secon		Last 4 digits of account number 6 1 1 2	\$_2,300.00
Nonpriority Creditor's Name			When was the debt incurred? 08/01/2018	
P O Bank 15298			>	
Number Street Wilmington	DE	19850	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
			Unliquidated	
Who incurred the debt? Che	eux one.		☐ Disputed	
Debtor 1 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only			-	
At least one of the debtors a			Student loans Obligations arising out of a separation agreement or divorce that	
			you did not report as priority claims	
Check if this claim is for			Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offse	et?		Other, Specify Crredit Card	
☑ No				
🖸 Yes			V	

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Debiori [Britta		D	Roberts		Case	c number (4x444)	- e
Pari 4: A	dd t		Each Type of	Unsecured Claim	Tarana da Maria de Cara de Car	populari kalin da Girikani sila sopurabi sila sopurabi sila sopurabi sila sopurabi sila sopurabi sila sopurabi	hapkatu wasanin 2000 aa ah	
6 Total the Add the a	amoi moi	unts of certain type ints for each type c	s of unsecure f unsecured c	d claims. Thís inforn laim.	nation i	s for staffstic	al reporting purpos	ies only. 28 U.S.C. § 159.
	Total claim						n	
Total claims from Part 1	ба	Domestic support	obligations		6а.	\$	0.00	
	6b	Taxes and certain government	other debts yo	u owe the	6b.	\$	861.77	
		Claims for death or intoxicated	r personal inju	ry while you were	6c	\$	0.00	
		Other, Add all other Write that amount h		ired claims.	64.	+ş	0.00	
	จิต	Total. Add lines 6a	through 6d.		6ę.	\$	861.77	The state of the s
						Total clain	ក	
Total claims from Part 2	61.	Student loans			61.	9	13,250.00	
		Obligations arising or divorce that you claims			6g.	S. markinsky, and the same	0.00	
	6n.	Debts to pension o similar debts	r profit-sharin	g plans, and other	6h.	B	0.00	
	ßi	Other, Add all other Write that amount he	nonprionty uns e.	ecured claims.	ดิเ	* §	8,328.00	
	St. 1	fotal. Add lines 6f th	rough 6s.		6}	5	21,578.00	

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Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, if more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1 Do you have any executory contracts or unexpired leases? 2 No. Check this box and file this form with the count with your other schedules. You have nothing else to report on this form. 2 List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts: unexpired feases Person or company with whorit you have the contract or lease. State what the contract or lease is for 1. Name. Number: Street City: State ZIP Code 2.1 Name Number: Street City: State ZIP Code 2.5 Name Number: Syred City: State ZIP Code				D	ocument	i age c	34 01 33		
Double 2 December 2 December 3 December 3 December 3 December 4 December 3 December 4 Decem	Fill in this	information to	identify your	case:					
Check if this Check this box and file this form with the contract or lease are instant place to report on this form 2 to 2	Oohtov	Brittany D	. Roberts						
United States Bantuatry Counter two Northern District of Illinois Case number United States Bantuatry Counter two Northern District of Illinois Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more gaze is mediad, copy the additional page, fill if out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1 Do you have any executory contracts or unexpired feases? 2 No. Check this box and site this form with the count with your other schedules. You have nothing also to report on this form. 3 Yes Fillin all of the information below even if the countracts or leases are listed on Schedule A/8 Property (Official Form 108A/8). 2 List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, cent, whicle lease, cell phone). See the mistructions for this form in the instruction booklet for more examples of executory contracts of the contract or lease. Person or company with whom you have the contract or lease. State what the contract or lease is for Chr. Name Number: Steel Chy: State: 21P Code 2.1 Name Number: Steel Chy: State: 21P Code 2.2 Name Number: Steel Chy: State: 21P Code	nepio			ide Nama	Last Name		n made constants		
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Official Form 106G Schedule G: Executory Contracts and Unexpired Leases Be as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information, firm one space is needed, copy the additional page, fill tout, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known). 1 Do you have any executory contracts or unexpired leases? 2 No Check this box and file this form with the count with your other schedules. You have nothing else to report on this form. 3 In C. Check this box and file this form with the count with your other schedules. You have nothing else to report on this form. 4 Yes Fill in all of the information below even if the contracts or leases are listed on Schedule Add. Property (Official Form 106A/B). 5 List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, whitele lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts or lease. Person or company with whom you have the contract or lease. State what the contract or lease is for City. State what the contract or lease is for State what the co	(if known)								Check if this is a
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Name	City		State	ZIP Code		<u></u>			
	1.5								
Number Ctreat	Name				**************************************	_			
1949 mm	Number	Street				***			

State

ZIP Code

City

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Debtor 1

Brittany D. Roberts

Middle Name	East No

Case number (stenown)



Additional Page if You Have More Contracts or Leases

Person or company with whom you have the contract or lease 2.2 Name Number Street City State ZIP Code 2._ Name Number Street City State ZIP Code Name Number Street

State

ZIP Code

What the contract or lease is for

City

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Fill in this information to identify your case:	
Debtor 1 Brittany D. Roberts	
First Name Mode Name Last Name Debtor 2	
(Spouse, if filing) First Name Aliddle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number	
(If known)	Check if this is an
	amended filing
Official Form 106H	
Schedule H: Your Codebtors	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be as are filing together, both are equally responsible for supplying correct information. If m and number the entries in the boxes on the left. Attach the Additional Page to this page case number (if known). Answer every question.	ore space is needed, copy the Additional Page, fill it out, e. On the top of any Additional Pages, write your name and
1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as 2 No	a codebtor.)
O Yes	
2. Within the last 8 years, have you lived in a community property state or territory? Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washir	(Community property states and territories include ngton, and Wisconsin.)
☑ No. Go to line 3.	,
Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
⊠ No	
Yes. In which community state or territory did you live? F	fill in the name and current address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State ZIP Code	
3 In Column 1, list all of your codebtors. Do not include your spouse as a codebtor it shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule Schedule E/F, or Schedule G to fill out Column 2.	Make sure you have listed the creditor on
Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt
The state of the s	Check all schedules that apply:
3.1	Schedule D, line
Name	☐ Schedule E/F, line
Number Stree!	☐ Schedule G, line
City State ZIP Code	
Name	☐ Schedule D, line
	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	
3.3	Schedule D, line
Name	☐ Schedule E/F, line
Number Street	☐ Schedule G, line
City State ZIP Code	

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Debtor 1

3rittany	D.	Roberts

Last Name

Case number (if known)

Column	t: Your codebtor			Column 2: The creditor to whom you owe the debt
- Committee of the comm				Check all schedules that apply:
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street			Schedule G, line
City	and and all the strange of the stran	State	ZIP Code	AND THE STATE OF T
-] Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street			Schedule G, line
City		State	ZIP Code	<u></u>
Name				Schedule D, line
				Schedule E/F, line
Number	Street	W 13 20 10 10 10 10 10 10 10 10 10 10 10 10 10		Schedule G, line
City		State	ZIP Code	•••
Name			eriod a distributa a de a estado a la distributa a potenza a material de la composição de la composição de la com	Schedule D, line
Hattie				☐ Schedule E/F, line
Number	Street	en e		Schedule G, line
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Name				Schedule D, line
· «greig				☐ Schedule E/F, line
Number	Street		The state of the s	Schedule G, line
City		State	ZF1 Code	-
Name	All the second s			Schedule D, line
				☐ Schedule E/F, line
Number	Street			Schedule G, line
City	The state of the s	State	ZiP Code	
Name				Schedule D, line
				☐ Schedule E/F, line
Number	Street	engeneral en		Schedule G, line
City	**************************************	State	ZIP Code	-
Name				Schedule D, line
Walthe				☐ Schedule E/F, line
Number	Street			Schedule G, line
City	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	State	ZIP Code	

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Fill in this information to identify	your case:				
Debtor 1 Brittany D. Ro				Salamin Very November 18	
First Name Debtor 2 (Spouse, if filing) First Name	Middie Name Middie Name	Last Name			
United States Bankruptcy Court for the:	Northern District of Illinois	*		Total Control of the	
Case number (If known)	TO A STATE OF THE	-	•	Check if the	his is:
(1) by books (1)			***************************************	•	ended filing
					plement showing postpetition chapter 13 eas of the following date:
Official Form 106I	-				D/YYYY
Schedule 1: You	ir income				12/15
 supplying correct information. If ye 	ou are married and not fil use is not filing with you, top of any additional pa	ling jointly, and you do not include in	our spouse formation a	is living with y bout your sool	or 2), both are equally responsible for rou, include information about your spouse use. If more space is needed, attach a nown). Answer every question.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	ਈ Employed □ Not employ	<i>r</i> eđ		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.		,			
Occupation may include student or homemaker, if it applies.	Occupation	Patience Acc	ess Spec	cilist	
	Employer's name	Northwesterr	Memoria	al HealthCar	
	Employer's address	251 East Hui Number Street	ron Street		Number Street
		Chicago City	IL State Zi	60611 P Code	City State ZIP Code
	How long employed the	re? 4 years			•
ਉਗਾਂ ਉੱਸੇ Give Details About	Monthly Income				
spouse unless you are separated. If you or your non-filing spouse ha	ve more than one employe	er, combine the info			te \$0 in the space. Include your non-filing rethat person on the lines
below. If you need more space, at	ach a separate sheet to th	us form.			_
			F	or Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, sala deductions). If not paid monthly,			2. \$	3,526.00	\$
3. Estimate and list monthly over	ime pay.		3. +\$_	0.00	+ \$
4. Calculate gross income. Add lin	e 2 + line 3.		4. \$	3,526.00	\$

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Case number (# known)____

Document

Brittany D. Roberts

Middle Name

Last Name

First Name

Debtor 1

		For Debtor 1	For Debtor 2 or non-filing spouse	D-
Copy line 4 here	🖈 4.	<u>\$ 3,526.00</u>	\$	_
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions	5a.	s 246.00	\$	
5b. Mandatory contributions for retirement plans	5b.	\$ 0.00	\$	
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	\$	
5d. Required repayments of retirement fund loans	5d.	\$0.00	\$	
Se. Insurance	5e.	\$ 361.00	\$	
5f. Domestic support obligations	5f.	\$0.00	5	
5g. Union dues	5g.	\$0.00	\$	
5h. Other deductions. Specify:		+\$ 0.00	+ \$	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g +		\$ 607.00	\$	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 2,919.00	\$	
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm				
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$0.00	\$	
8b. Interest and dividends	8b.	\$ 0.00	\$	
8c. Family support payments that you, a non-filing spouse, or a deper regularly receive	ndent		Western Wilder and Maddle Control of Control	
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 0.00	\$	
8d. Unemployment compensation	8d.	\$0.00	\$	
8e. Social Security	8e.	\$0.00	\$	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assist that you receive, such as food stamps (benefits under the Supplements Nutrition Assistance Program) or housing subsidies. Specify: food stamps	stance al 81.	\$392.00	s	
	-			
8g. Pension or retirement income	8g.	\$ 0.00	\$	
8h. Other monthly income. Specify:	8h.	+5 0.00	+ \$	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ 392.00	\$	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ 3,311.00	\$0.00	s 3,311.00
11. State all other regular contributions to the expenses that you list in Sci Include contributions from an unmarried partner, members of your household friends or relatives.		pendents, your roomi	nates, and other	
Do not include any amounts already included in lines 2-10 or amounts that a			s listed in Schedule J.	0.00
Specify.			11,	+ s 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. T Write that amount on the Summary of Your Assets and Liabilities and Certain				s3,311.00
13. Do you expect an increase or decrease within the year after you file thi		***		Combined monthly income
Yes. Explain:				

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	Fill in this information to identi	fy your case:				
	Debtor 1 Brittany D			i tri es r. v.		
-	First Name Debtor 2	Middle Name Last Name		k if this is:		
	(Spouse, if filling) First Name	Middle Name: Last Name	,	n amended supplemen	_	petition chapter 13
***************************************	United States Bankruptcy Court for the	Northern District of Itlinois			of the following	
	Case number (If known)		MA	A / DD / YYY	Y	
(Official Form 106J					
***	Schedule J: Yo	our Expenses				12/15
i	Be as complete and accurate as a necessification. If more space is nee if known). Answer every question	possible. If two married people are fil ded, attach another sheet to this form n.	ing together, both are equ n. On the top of any addition	ally respons onal pages,	sible for supply write your nam	ring correct e and case number
	Parish Describe Your Ho	ousehold				
1.	Is this a joint case?	аступентуру жене жене жене жене жене жене жене жен		net tale de la Paliferia de la Serie d	HTAICHACTAP PARTS CEARMING CANAINAINE IN THE STATE OF THE	ti tika ti da
	No. Go to line 2.Yes. Does Debtor 2 live in a	separate household?				
	☑ No ☐ Yes. Debtor 2 must !	file Official Form 106J-2, Expenses for S	Separate Household of Debt	or 2.		
2	Do you have dependents?	☐ No	Danandent's relationable to		Floring St. and	
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2) electronical consequences	Dependent's age	Does dependent live with you?
	Do not state the dependents' names.		Girl		8	☑ No ☑ Yes
			Воу	- to the second	4	☐ No ☑ Yes
			Girl		1	U No
			UTI I		A Commence of the Commence of	4 Yes
				- Andrews		O No
						Q No
	_				***************************************	☐ Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes				
7	Estimate Your Ongo	ing Monthly Expenses				
6)		r bankruptcy filing date unless you a nkruptcy is filed. If this is a suppleme				
		n-cash government assistance if you			Vaur avaar	1000
		d it on Schedule I: Your Income (Office expenses for your residence, Include	•	d	Your exper	the entitle of the condition of the place of the control of the co
	any rent for the ground or lot.	onpurious for your rustaernic, moraco	mocrongage payments an	4	<u> </u>	950.00
	If not included in line 4:					0.00
	4a. Real estate taxes			4a.	\$	0.00
	45. Property, homeowner's, or a			4b.	\$	
	4c. Home maintenance, repair,4d. Homeowner's association o	, ,		4c.	\$	0.00
	40. Homeowiter's association o	CONCORRIBIN GGES		4d.	5	0.00

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Debtor 1 Brittany D. Roberts Case number (# known)

			Your ex	-
5.	Additional mortgage payments for your residence, such as home equity loans	5.		0,00
	Utilities:	0.		
Ο.	6a. Electricity, heat, natural gas	ба.	\$	125.00
	6b. Water, sewer, garbage collection	6b.	\$	
	8c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	22222
	6d Other. Specify:	6d.	s	0.00
7.		7.	\$	400.00
8.	Childcare and children's education costs	8.	S	500.00
9.	Clothing, laundry, and dry cleaning	9.	\$	400.00
10.	Personal care products and services	10.	\$	400.00
11.	Medical and dental expenses	11.	\$	
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$	150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	s	20.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	\$	60.00
	15b. Health insurance	15b.	S	^ ^ ^
	15c. Vehicle insurance	15c.	\$	
	15d. Other insurance. Specify:	15d.	S	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	5	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c Other, Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	2.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 1061).	18.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor	1 Brittany First Name	D. Middle Name	Roberts Last Name		Case number (# known)		
21. O !	ther. Specify:				21.	+\$	0.00
22 C a	ilculate your mon	ithly expenses.					
22	a. Add lines 4 thro	ugh 21.			22a.	\$	2,790.00
22	b. Copy line 22 (m	onthly expenses	for Debtor 2), if any, from Officia	al Form 106J-2	22b.	\$	0.00
22	c. Add line 22a an	d 22b, The result	is your monthly expenses.		22c.	\$	2,790.00
23. Cal	culate your mont	hly net income.					2 700 00
23a	Copy line 12 (y	our combined mo	onthly income) from Schedule I.		23a.	\$	2,790.00
23b.	Copy your mon	thly expenses fro	m line 22c above.		23b.	-s	3,311.00
23c.		nonthly expenses ur <i>monthly net in</i>	from your monthly income. come.		23c.	**	521.00
24 Do	you expect an inc	crease or decrea	ase in your expenses within th	ne year after you fi	le this form?		
			aying for your car loan within the ease because of a modification to	•	·		
4	No.						

Q Yes.

Explain here:

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Fill in this information to identi				
Debtor 1 Brittany D. Rob				
First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the	e: Northern District of Illinois	s		
Case number (If known)		Washington .	-	
				Check if this is a amended filing
Official Form 106E)ec			
		dividual I)ebtor's Schedu	iles 12/15
if two married people are filing	together, both are equal	ly responsible for su	pplying correct information.	
yours, or both, 10 0.5.0. gg 15	2, 1341, 1519, and 3571.		can result in fines up to \$250,000,	or improoriment for up to 20
Sign Below Did you pay or agree to pay	2, 1341, 1519, and 3571.		u fill out bankruptcy forms?	or mystosument for up to 20
Sign Below Did you pay or agree to pay	2, 1341, 1519, and 3571.	n attorney to help yo	u fill out bankruptcy forms?	
Sign Below Did you pay or agree to pay No	2, 1341, 1519, and 3571.	n attorney to help yo		

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Fill in this in	iormation to	oldentify your case:	itar organisi eng wen			
Debtor t	Brittany [D. Robert				
Debtor 2	First Name	Middle Name	Last Name	Annual Annua		
(Spouse, if filing)	First Name	Middle Name	i,ast Navao			
United States 6	ankruptcy Co	urt for the: Northern District of I	llinois	Constitution of the		
Case number (If known)		the control of the second seco	THE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS	Addition to the state of the st	[Check if this is an
			**************************************	AND AND THE PROPERTY OF THE PR		amended filing
Official F	orm 10	7				
		<u>'</u> Financial Affaiı	s for Indiv	riduals Filing	for Bankruptcy	04/16
information. In number (if kno	f more spac wn). Answe	ate as possible. If two marries is needed, attach a separa er every question. About Your Marital Staf	te sheet to this for	m. On the top of any add	ilfy responsible for supplyi itional pages, write your na	ng correct ame and case
1. What is yo	our current	marital status?	ich-werkelensche Geber (1944 + 1945) - 1945) - 1945			Э. М. А. М. Боринт Леур на ф. Ардация (1941 году на дай и гр. негор негор от дай у дай и гр. негор не дай и году
☐ Marrie						
2 Not ma	-					
M No No Yes. L		places you lived in the last 3 y	. ears. Do not include Dates Debtor 1 lived there	e where you live now. Debtor 2:		Dates Debtor 2 lived there
				Same as Debtor 1		Same as Debtor 1
Num	ber Street		From	Number Street	and the state of t	From
127 007/00/1/17			То		17 MF 47 M who is his his his his his his his his his	То
City	Philippin and also accome a particular apparagate apparation to	State ZIP Code		ner more accome a consumerane enterenance and encounterace. City	State ZIP Code	
				Same as Debtor 1		G Same as Debtor 1
41	~	and the second of the second o	From	**************************************		From
Num	ber Street		To	Number Street		То
						
City		State ZIP Code		City	State ZIP Code	
3. Within the	last 8 years	s, did you ever live with a sp	ouse or legal equi	valent in a community pro	operty state or territory? (C	Community property
states and No	territories in	clude Arizona, California, Idah	o, Louisiana, Nevad	da, New Mexico, Puerto Rio	co, Texas, Washington, and	Wisconsin.)
	ake sure voi	ı fill out <i>Schedule H:</i> Your Cod	debtors (Official For	n 106H).		
	,00					

दिवारित Explain the Sources of Your Income

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ebtor 1	Brittany First Name		berts Case number (# known)					
Fil	l in the total amou you are filing a join	nt of income you receive	nt or from operating a bud from all jobs and all bus ome that you receive toge	inesses, including part-tir		ndar years?		
2	Yes. Fill in the de	etails.						
			Debtor 1		Debtor 2			
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)		
		1 of current year until ed for bankruptcy:	Wages, commissions, bonuses, tipsOperating a business	\$ 24,001.00	Wages, commissions, bonuses, tips Operating a business	\$		
	For last calend	ar year: ecember 31,2016	Wages, commissions, bonuses, tips	\$38,708.00	Wages, commissions, bonuses, tips	\$		
		YYYY	 U Operating a business Wages, commissions, 		Operating a business Wages, commissions,			
		ar year before that: ecember 31,2017 YYYY	bonuses, tips) Operating a business	\$ 33,658.00	bonuses, tips Operating a business	\$		
un ga Lis	employment, and ombling and lottery	other public benefit paym winnings. If you are filing the gross income from	nents; pensions; rental inc	ome; interest; dividends; e income that you receive	nony; child support; Social s money collected from laws ed together, list it only once t you listed in line 4.	uits; royalties; and		
-	ros, i m m tro de	eath).	Debtor 1		Debtor 2			
			Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)		
		1 of current year until led for bankruptcy:	food stamps					
	·					***************************************		
	For last calend	far year:		\$		\$		
	(January 1 to D	ecember 31,2016 (YYYY)						
	For the calend	ar year before that:	ALOV BAN BAAAAAAAA BAAAAAAA BAAAAAAAA BAAAAAAAA	\$		\$		
	(January 1 to D	ecember 31,2017)		\$		\$		

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Debtor 1	Brittany D. Robert		Case	number (Fanows)	
	First Name Middle Name Last Name		-	* 4 y style *** Hilliandia de la collection de la collect	
	Plant Constants Francisco to No. 10 at 10 at 10	** ***			
Part 3:	List Certain Payments You Made Befo	re You Filed	l for Bankruptcy		
a A	for Pools at the second of the		_		
	her Debtor 1's or Debtor 2's debts primarily c				
↓ No	Neither Debtor 1 nor Debtor 2 has primarily "incurred by an individual primarily for a person	nat, family, or	household purpose."		1(8) as
	During the 90 days before you filed for bankru	ptcy, đid you p	ay any creditor a total o	f \$6,425* or more?	
	No. Go to line 7.				
	Yes. List below each creditor to whom you total amount you paid that creditor. Do child support and alimony. Also, do not	o not include p	payments for domestic s	upport obligations, such as	
	* Subject to adjustment on 4/01/19 and every 3				
⊴ Ye	s. Debtor 1 or Debtor 2 or both have primarily				
	During the 90 days before you filed for bankrup			\$600 or more?	
	☑ No. Go to line 7.		ay any ordener a total of	\$000 G. MOIC:	
	Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include payment	domestic supr	ort obligations, such as	child support and	
		Dates of payment	Total amount paid	Amount you still owe	Was this payment for
			\$	\$\$	☐ Mortgage
	Creditor's Name				Car
	Number Street	The first and a section of the second section of the section of the second section of the second section of the section of the second section of the secti			Credit card
					Loan repayment
		The experience of the transfer of the second			Suppliers or vendors
	Oity State ZIP Code				Other
			\$	\$\$	☐ Mortgage
	Creditor's Name				Car
	Number Street	···			Credit card
	, , , , , , , , , , , , , , , , , , , ,				Loan repayment
		*****************			Suppliers or vendors
	City State ZIP Code				Other
	orace Lin Orace.				
			\$	\$	-
	Creditor's Name		Y	——————————————————————————————————————	Mortgage
					Car
	Number Street				☐ Credit card☐ Loan repayment
		Affiguração confirmações dos descriptos			Suppliers or vendors
	City State ZIF Code				Other

City

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Debtor 1		Robert				Case number (diagram)	3
	First Name	Middle Name	Last Name		~		**************************************
Inside corpo agent such a	ers include your re rations of which y , including one fo as child support a	elatives; any generou are an officer, r a business you and alimony.	eral partners; re director, perso	elatives of any point in control, or	general partners; processing the commer of 20% or	partnerships of whice more of their voting	who was an insider? The you are a general partner; I securities; and any managing Ir domestic support obligations,
La Ye	es. List all paymei	nts to an insider.		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
īr	nsider's Name		And the second s		\$	\$	
Ñ	Number Street						
				*			
`	City	State	ZIP Code		\$	S	
ir	nsider's Name				**************************************		
Ñ	lumber Street	and a common of Annia and Anni	**************************************	And the second s			
	Production of Schools and Arthur Supplement Supplement Construction and Construction (Construction Construction Constructi	***************************************		~			
Ĉ	Ey	State	ZIP Code				
an ins Include	ider? e payments on de	bts guaranteed o	r cosigned by a		ayments or transi Total amount paid		n account of a debt that benefited Reason for this payment Include creditor's name
in	sider's Name	The state of the s		·	\$	\$	
N.	umber Street			observe mentilide Medicani in occupant securine			
ै	dy	State	ZIP Cade	THE STATE OF THE S			
ins	sider's Name	**************************************			\$	\$	
N(,	umber Street			A The second			
Cit	ty	State	ZIP Code				

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Brittany D. Robert Debtor 1 Case number (if known) First Name Middle Name Last Name Gara da Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case Pending Case title Court Name On appeal Number Street Concluded Case number State ZIP Code Pending Case title Court Name On appeal Concluded Number Street Case number City State ZIP Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes Fill in the information below. Describe the property Date Value of the property Wage Garnishment For Capital One Blitt and Gaines, PC 07/10/2018 2229.00 Oreditor's Name 661 W. Glenn Avenue Number Street Explain what happened Property was repossessed. Property was foreclosed. Property was garnished. 60090 Wheeling IL State ZIP Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Number Street Explain what happened Property was repossessed. Property was foreclosed Property was garnished City ZIP Code Property was attached, seized, or levied.

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, B	rittany D	. Robe	11		Case n	umber (etaseum)		
F	First Name	Middle Name	La	st Name	5400 11	arras (11 6/0(11)		
Nithin 90	days befor	re you file	ed for bankr	uptcy, did any creditor, inc	cluding a bank or fina	ncial institutio	on, set off any a	mounts from vour
accounts	or refuse t	o make a	payment bo	ecause you owed a debt?		***************************************	,	
No No								
Yes. F	Fill in the det	ails.						
				Describe the action the c	reditor took		Date action	Amount
Creditor	r's Name						was taken	
0,041101								
Number	r Street							\$
			A					
City		Sta	te ZIP Code	Last 4 digits of account	number: XXXX			
				Ū	Managaganak, anga			
Vithin 1 y	year before	you filed	for bankru	otcy, was any of your prope	erty in the possession	n of an assign	ee for the benef	it of
	, a court-ap	pointed r	eceiver, a c	ustodian, or another officia	al?			
ZI No								
Yes								
35- LI	ist Certain	. #****		- 67				
	ist vertain	t Gitts a	ie Contrib	ulions		72007 06-06 45 000000000000000000000000000000000000		
Vithin 2 y	ears before	you filed	i for bankru	ptcy, did you give any gifts	s with a total value of	more than \$66	00 per person?	
Vithin 2 y	ears before			ptcy, did you give any gift:	s with a total value of	more than \$60	00 per person?	
Vithin 2 y No Yes. F		ails for ea	ch gift.		s with a total value of	more than \$60	OD per person? Dates you gave the gifts	Value
Vithin 2 y No Yes. F Gifts per pe	Fill in the deta with a total v	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	Value \$
Vithin 2 y A No A Yes. F Gifts per per	Fill in the deta with a total v	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	
Jithin 2 y Ž No J Yes. F Gifts per p	Fill in the deta with a total v	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	
Vithin 2 y No Yes. F Gifts per per	Fill in the deta with a total v erson to Whem You G	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	\$
Vithin 2 y No Yes. F Gifts per per	Fill in the deta with a total v	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	\$
Jithin 2 y No Yes. F Gifts per p	Fill in the deta with a total v erson to Whem You G	ails for ea	ch gift.		s with a total value of	more than \$60	Dates you gave	\$
All No Person to Number City	with a total verson to Whem You Go	ails for ea value of mo ave the Gift	ch gift. ore than \$600 e ZIP Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave	\$
Jithin 2 y No Yes. F Gifts per pr	Fill in the deta with a total v erson to Whem You G	ails for ea value of mo ave the Gift	ch gift. ore than \$600 e ZIP Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave	\$
All No Person to City Person to Per	with a total verson to Whem You Go	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts	\$\$
All No Person to City Person to Per	with a total verson Street Street	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave	\$
Vithin 2 y No Yes. F Gifts per por Person t City Person Gifts w	with a total verson Street Street	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$\$
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total verson Street Street The relationship with a total values on	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$\$
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total verson Street Street	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total verson Street Street The relationship with a total values on	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$SValue
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total verson Street Street The relationship with a total values on	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total verson to When You Go Street 's relationship with a total valueson	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$
Vithin 2 y No Yes. F Gifts per per Person t City Person Gifts w per per	with a total vierson To Whem You Go Street Street The relationship with a total values on to Whom You Go to Whom You Go	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$
Vithin 2 y No Yes. F Gifts per per Person t Number City Person Gifts w per per	with a total vierson To Whem You Go Street Street The relationship with a total values on to Whom You Go to Whom You Go	ails for ea	ch gift. The than \$600 Example 21P Code	Describe the gifts	s with a total value of	more than \$60	Dates you gave the gifts Dates you gave	\$

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otor 1	Brittany D	. Robert	Case number (# known)		
	First Name	Middle Name i	ast Name		The second secon
\A/i++	sin 3 vaare hafar	a usu filed for banks	gratery did year with a superity did year with the superity did year with the superity did year.		
		e you med for dankr	ruptcy, did you give any gifts or contributions with a total valu	Je of more than \$6	i00 to any charity?
Ø					
-	Yes. Fill in the de	tails for each gift or co	ontribution.		
	Gifts or contribut	ions to charities	Describe what you contributed	Date you	Value
	that total more th	an \$600		contributed	
-			****		\$
	Charity's Name				
			and the second s	***************************************	\$
ř	Number Street				
7	NA. DALL	710.0	·		
(City State	ZIP Code			
rt 6:	List Certa	in Losses			
				and the later than the second of the second	To the second of
١	Yes. Fill in the det Describe the prop how the loss occu	erty you lost and	Describe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of School to 4/8: Percent	Date of your loss	Value of property lost
			claims on line 33 of Schedule A/B: Property.		
					\$
17:	List Certain	Payments or Tra	nsters		
With	in 1 year before	you filed for bankru	ptcy, did you or anyone else acting on your behalf pay or trar	sfer any property	to anyone
you	consulted about	seeking bankruptcy	or preparing a bankruptcy petition?		•
Inclu	de any attorneys.	, bankruptcy petition p	preparers, or credit counseling agencies for services required in your	our bankruptcy.	
M V					
	es. Fill in the det	ails.			
			Description and value of any property transferred	Date payment or	Amount of paymer
	Person Who Was Paid	3	•	transfer was made	
	Number Street	***************************************	•		\$
					\$
	City	State ZIP Code			
	Email or website addre	ess			
	Person Who Made the	Payment if Not You			

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btor 1	Brittany D. Robert		Case number (# known)		
	First Name Middle Name Las	at Name			
		Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
	Person Who Was Paid	~			¢
	Number Street			■ 1.0 € 1.	•
					\$
	City State ZIP Code	-			
	Email or website address				
	Person Who Made the Payment, if Not You				
Do r	mised to help you deal with your credinot include any payment or transfer that y No Yes Fill in the details.				
		Description and value of any property t	ransferred	Date payment or transfer was made	Amount of payme
	Person Who Was Paid				
	Number Street	•			\$
		_			\$
	City State ZiP Code				
tran Inclu Do r M 1	nin 2 years before you filed for bankrup esferred in the ordinary course of your ude both outright transfers and transfers r not include gifts and transfers that you had No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting of			
		Description and value of property transferred	Describe any property or debts paid in exchan		Date transfer was made
	Person Who Received Transfer				
	Number Street				William the Advantage up-

	Number Street				
	Number Street City State ZIP Code				
	Number Street City Stare ZIP Code Person's relationship to you				
	Number Street City State ZIP Code Person's relationship to you Person Who Received Transfer				

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	Brittany D. Robert First Name Middle Name La	st Name	Case number (# ki	ioan)	
are : Ø	nin 10 years before you filed for bankr a beneficiary? (These are often called a No Yes. Fill in the details.	uptcy, did you transfer any prope asset-protection devices.)	rty to a self-settled tru	st or similar device of	which you
أقسية	res. Fill it the details.	Description and value of the prop	native Sunnancia		
		bescription and value of the prop	erty dansterred		Date transfer was made
٨	Name of trust	nau-			

art 85	List Certain Financial Account	s, Instruments, Safe Deposit	Boxes, and Storag	e Units	
Inclubrok	in 1 year before you filed for bankrup ed, sold, moved, or transferred? ude checking, savings, money market terage houses, pension funds, cooper to the file in the details.	, or other financial accounts; cert	ificates of deposit: sha		
-	os. Fin in the detans.	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befo closing or transfe
	Name of Financial Institution	XXXX	Checking		\$
;	Number Street		Q Savings		
			Money market		
-	City State ZIP Code		Other		
î	Name of Financial Institution	XXXX	Checking		\$
i	Number Street		Money market		
			☐ Brokerage		
			Other		
I. Do yo secui	City State ZIP Code Ou now have, or did you have within 1 rities, cash, or other valuables? O es. Fill in the details.	year before you filed for bankrup		oox or other depository	for
3500	co. I'm in the details.	Who else had access to it?	Describe the	contents	Do you sti have it?
_	Name of Financial Institution	Name			☐ No ☐ Yes
ħ					
	Number Street	Number Street			

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Debtor 1	Brittany D. Robert		Case number (if known)	
	First Name Middle Name	Last Name	Case Humber (4xxxxx)	
22. Have	e you stored property in a storage un No	it or place other than your home	within 1 year before you filed for bankruptc	y?
	Yes. Fill in the details.			
		Who else has or had access to it	t? Describe the contents	Do you still have it?
	Name of Storage Facility	Name	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	☐ No ☐ Yes
	Number Street	Number Street	All Annual Market Market Market	
		City State ZIP Code	Market and a state of the state	
	City State ZIP Code	-		
19/2/16 BE		i or Control for Someone Else	e y property you borrowed from, are storing f	Manufallian njaking ng ing ang ang ang ang ang ang ang ang ang a
or h	nold in trust for someone. No Yes. Fill in the details.			
NAME .	, co. i in in the details.	Where is the property?	Describe the property	Value
	Owner's Name	_		\$
	Number Street	Number Street		
		City State	ZIP Code	
Part 1	City State ZIP Code Give Details About Enviror	•	ar ouge	
		ON CONTROL OF THE CON	- Control Cont	
<i>Envi</i> haza	purpose of Part 10, the following de- ironmental law means any federal, st ardous or toxic substances, wastes, uding statutes or regulations control	ate, or local statute or regulation or material into the air, land, soil,	concerning pollution, contamination, releas surface water, groundwater, or other mediu ces, wastes, or material.	ses of um,
S <i>it</i> e utiliz	means any location, facility, or prope ze it or used to own, operate, or utiliz	erty as defined under any environ re it, including disposal sites.	mental law, whether you now own, operate.	, or
Haza subs	ardous material means anything an e stance, hazardous material, pollutant	nvironmental law defines as a ha , contaminant, or similar term.	zardous waste, hazardous substance, toxic	
Report	all notices, releases, and proceeding	s that you know about, regardles	s of when they occurred.	
		nat you may be liable or potentiall	y liable under or in violation of an environm	nental law?
O / Q /	√os. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
- N	lame of site	Governmental unit		
N	lumber Street	Number Street	un.	
-		City State ZIP Code		
7	The State 7'D Code			

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Debtor 1	Brittany D. Robert		Case number (# moun)	
	ra activonte militor Name (L	ast Name		
25. Hav	ve you notified any governmental unit	of any release of hazardous mater	ial?	
	No	•		
	Yes. Fill in the details.			
4404	Tool I mill the dotters.	Governmental unit	Factoria de la constantina della constantina del	
		Overmental bix	Environmental law, if you know it	Date of notice
	Name of site	Governmental unit		
	Number Street	E. C.		
	Names Breet	Number Street		
	- Andrews - Andr	Children and the second and the seco	-	
		City State ZIP Code		
	City State ZIP Code			
se Uau				
	e you been a party in any judicial or a	rammstrative proceeding under an	y environmentai law? Include setti	ements and orders.
Ø				
(man)	Yes. Fill in the details.			
		Court or agency	Nature of the case	Status of the case
	Case title			
		Court Name	THE PROPERTY OF THE PROPERTY O	Pending
				On appeal
		Number Street	***************************************	☐ Concluded
	·			
	Case number	City State ZIP Cod	ie	
Part 1		isiness or Connections to Any		
27. Witt	nin 4 years before you filed for bankru	iptcy, did you own a business or h	ave any of the following connection	ns to any business?
,	A sole proprietor or self-employed	in a trade, profession, or other ac	tivity, either full-time or part-time	
1	 A member of a limited liability com A partner in a partnership 	pany (LLC) or limited liability parti	ership (LLP)	
	 A partner in a partnership An officer, director, or managing e 			
	An owner of at least 5% of the voti		ation	
	No. None of the above applies. Go to f			
L	Yes. Check all that apply above and fil			
		Describe the nature of the busines		
	Business Name		Do not include Se	ocial Security number or ITIN.
			EIN:	TABLESIAN SAMANAN WEST WARRENCE BARRIES SHAPE TO THE STREET
	Number Street	-		The second secon
		Name of accountant or bookkeeper	Dates business e	xisted
		-	P === >==	·•
	City State ZIP Code	-	From	10
	State 21r code	Describe the nature of the busines:	Employer Identifi	nation number
	Business Name	-		ocial Security number or ITIN.
	ज्यास्त्रक स्वामर			-
	Number Street	~	EIN:	THE RESIDENCE SERVICES ASSESSED SERVICES SERVICES
	anning differ	Name of accountant or bookkeeper	Dates business e	xîsted
		-		
			From	То
	City State ZIP Code	-	Mdg Troughlykenyddiscenduscendi	

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otor 1 Brittany E). Robert Middle Name Lazt.	Name Cas	se number (#known)
		Describe the nature of the business	Employer Identification number
Business Name	W-14-19		Do not include Social Security number or ITII
			EIN: -
Number Street			
		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code		
Vithin 2 years befor	e you filed for bankrup	etcy, did you give a financial statement to a	nyone about your business? Include all financial
nstitutions, credito	rs, or other parties.		your about your business! misiate all initiation
Ø No			
Yes. Fill in the de	ataile halow		
	Julio Bolow.		
		Date issued	
Name		MM / DD / YYYY	
Number Street			

A.			
City	State ZIP Code		
124c Sign Belov	Ri .		
	OCCUPANT CONTROL MEDICAL AND		
have read the answers	wers on this Statement	of Financial Affairs and any attachments, a	and I declare under penalty of perjury that the property, or obtaining money or property by frau
in connection with	a bankruptcy case can	result in fines up to \$250,000, or imprisonn	property, or obtaining money or property by fraument for up to 20 years, or both.
18 U.S.C. §§ 152, 13	341, 1519, and 3571.	, , , , , , , , , , , , , , , , , , , ,	, and the second participation of the second participation
al Kildl	mar (n) A	to &	
~ 7 Just	myrron		WAR A STATE OF THE
Signature of Debto	ir1 U	Signature of Debtor 2	
Date 8/9/18	ኅ		
Date 5/9/18	۵	Date	
Did you attach addi	tional pages to Your St	atement of Financial Affairs for Individuals	Filing for Bankruptcy (Official Form 107)?
☑ No			,
_l Yes			
	e to pay someone who	is not an attorney to help you fill out bankr	uptcy forms?
☑ No			
Yes. Name of per	son		Attach the Bankruptcy Petition Preparer's Notice,
			Declaration, and Signature (Official Form 119)